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### CLINICAL LECTURES AND REPORTS.

#### PHILADELPHIA HOSPITAL.

##### CLINIC OF PROFESSOR DUNGLISON.

November 23, 1844.

(Reported by Mr. Samuel G. White.)

[In the report of the last clinic, p. 278, col. 2, line 19, for *left* read *right*.—S. G. W.]

Professor Dunglison commenced by remarking, that there is at present in the wards a well marked case of

#### SCARLATINA,

to which he was desirous of directing the attention of the class, but inasmuch as it might be imprudent to introduce the patient for fear of its being communicable by contagion—although he is not wholly convinced that the disease is contagious—he would merely indicate the mode of treatment which he is pursuing.

The patient, Jane C., æt. 13, entered the house on the 21st inst., with the ordinary symptoms of the anginose variety, in the second degree of the eruption, at which time she was seen by the lecturer. Thus far the case has proceeded favourably. Since her entrance, the treatment has consisted essentially in sponging the surface with a cool dilute solution of chlorinated soda, (liq. sodæ chlorinatæ f. ʒij., aquæ Oj.—M.) gargling the throat with a mixture of muriatic acid, thirty drops to six fluid ounces of water, three or four times daily; the administration of small doses of ol. ricini and the use of ice internally. In simple cases of scarlatina but little treatment is necessary. It is very important in this, as in analogous affections, to open the bowels daily by some gentle means, for there is a tendency in the morbid action to extend itself from the skin to its prolongation inwards, constituting the mucous membranes, and unless the vitiated secretions, thus produced, are evacuated, their collection may prove an additional source of irritation, and the symptoms be aggravated. It is, in fact, from the extension inwards of this and other exanthematous diseases, that serious complications arise, which are frequently the cause of death; and the mucous membranes of the respiratory and digestive apparatus are most liable to suffer, hence the frequent occurrence of diarrhœa and dysentery, and of bronchitis and pneumonia, which last, as will be seen hereafter, may perhaps be considered a bronchitis of the terminal air tubes.

As scarlatina is another example of disease, which may be regarded as essentially self-limited, our endeavours must be restricted to combating the morbid phenomena as they arise. In fulfilling these indications, the treatment just detailed may be pursued in similar cases with success, modifying it, of course, according to circumstances. It will be continued in the present instance, and the result be reported to the class at the next clinical lecture.

The Professor next exhibited the expectoration of the patient labouring under

#### HÆMOPTYSIS,

to whose condition, as illustrating one form of pulmonary transudation, he directed the attention of the class at the last lecture. The sputa, which were exhibited, still contain a considerable amount of blood; and they are more nummular and puriform than before. Little benefit can be expected from any remedial agent in finally arresting the hæmoptysis in this case, inasmuch as in all probability, as stated in the last lecture, it is caused by ulceration of one or more of the pulmonary vessels, and the treatment, therefore, will still be palliative. In consequence of an increase of febrile excitement, the solution of iodide of iron, which she was using, will be superseded by a more cooling astringent, as the dilute sulphuric acid, associated with the tincture of digitalis.

To exhibit the progress of the case the patient with

#### TYPHOID FEVER

was then introduced. The gurgling in the right iliac fossa, with slight diarrhœa, continued, but the *taches rouges* have entirely disappeared; the tongue and skin have become moist; the pulse is slower; the intellectual faculties are improved, and in fact the case is proceeding most favourably. Although she has been perspiring freely, no sudamina are perceptible. The progress of the case, thus far, fully confirms the statements made in the last lecture, that the mildest means only are indicated for its treatment, the more prominent symptoms being combated as they may arise. None such, however, have supervened.

The use of ice is now no longer necessary, as the skin is in a perspirable condition, and the tongue moist. It will be sufficient to give some slightly refrigerant mixture—the effervescing, for example—to restrict the diet, and keep the bowels gently evacuated. Should it become necessary, later on in the disease, general and mild excitants may be cautiously resorted to. Any violent, irritating plan of treatment, adopted with the view of arresting it, would be useless, and positively injurious. The lecturer confidently looks for a favourable termination in this case, and will report its progress.

#### A case of

#### RENAL DROPSY

next occupied the attention of the class. The lecturer observed, that he had been fortunate in being able to present already two cases of this affection, whereas during the last entire course he was unable to exhibit a single case.

The class would remember, that in the introductory lecture to the clinical course some observations were made on the value of attending to the secretions, especially the renal, as a means of studying disease, and that the indications derived from it, in certain dropsical affections, are of much importance. The



urine exhibited on that occasion, as containing albumen in considerable quantity, was voided by the patient now before them.

Sarah C., *æt.* 44, entered the hospital under symptoms of effusion into the thoracic and abdominal cavities, and of anasarca. The feet and legs were much swollen at the time, and they have increased since. On examination, the urine was found to contain a large proportion of albumen. She had received the usual treatment for dropsy, but experienced only temporary relief; the hydropic accumulation still persisting to a varying extent. In this case, the lecturer observed, we have another example of transudation, but instead of blood, as in the patients whose cases were described in the last lecture, it consists of the watery portions of that fluid. All the local phenomena of dropsy are present, the part is swollen and pits on pressure. It is what may be termed hydropic, in contra-distinction to other transudations.

It was before remarked, that dropsical effusions may be dependent either on a loss of balance between the exhalants and absorbents of a part, or on some mechanical impediment, or disturbance in circulation, dependent upon a morbid condition of certain of the abdominal viscera. That obstruction to, or disturbance in, the circulation may give rise to a transudation of the more fluid portions of the blood, is shown by the frequent occurrence of dropsy of the peritoneum, as a result of hepatic condensation or enlargement, whereby the blood is prevented from passing freely through the portal vessels,—as a result of enlargement of the spleen, as after repeated attacks of intermittent fever, and of morbid conditions of the heart and kidney. In the case before the class the dropsy is dependent upon disturbance of the circulation, produced by renal disease. The kidney, as is well known, consists of two distinct portions, one of these, the cortical, has for its functions the secretion of the urine; the other, the tubular, that of conducting the urine to the pelvis of the kidney. In the peculiar morbid state under consideration, there is an alteration in the structure of the cortical or secreting portion of the viscus, which assumes a granular appearance, and has hence been called “granular disease of the kidney,” or “Morbus Brightii,” after the individual who first drew attention to it. In consequence of this organic change in the great secreting organ the circulation is disturbed, and as a result of this, effusion takes place into the cellular tissue and into the serous cavities.

This case is one of general dropsy, for there is not only a collection of fluid in the peritoneal sac, but in the general cellular tissue. The abdomen, you may perceive, continued the Professor, is greatly distended, but it does not follow that this distension is produced entirely by liquid. If percussion, indeed, be made over the anterior part of the abdomen, while the patient lies on her back, the sound is resonant,—not flat as it would be if the cavity contained only liquid. This resonance is due to the presence of air in the intestines, which float on the surface of the water and being now interposed between it and the parietes of the abdomen, give rise to the tympanic or clear sound just referred to. That this is the case, may be proved by continuing the percussion over the abdomen on both sides to the spine, when the sound rendered will be found to become flat when the abdomen is struck over the seat of the liquid; and if the course of the percussion be changed, the resonance will increase until we reach the portion occupied by the intestines only. Should doubt, however, still exist as to the presence of fluid,

the patient may be made to sit up when the water will gravitate to the lower part of the abdominal cavity, where it may be detected by the flat sound on percussion, and the intestines will now occupy the upper portion of the abdomen and cause a clear sound to be rendered. Thus, by causing the water to change its position, we may acquire sure indications of its presence. But there is yet another mode of determining this by percussion. If the fingers of one hand be placed lightly in contact with the abdomen, and the opposite part be gently and quickly struck with the fingers of the other hand, a distinct sense of fluctuation may be perceived. In this case, as these signs are all present, we may unhesitatingly conclude that the patient has dropsy of the belly, or ascites.

[The lecturer here practised percussion over the abdomen, to establish the views he had expressed.]

In this and in almost every case, the dropsy must be considered merely as a symptom, the pathological cause of which is the important question to be determined. In addition to what has been termed the hydropic diathesis or tendency, there usually exists some cause, which, by producing disturbance or irregularity of the circulation, gives rise to the accumulation of the serous secretion. Disease of any of the solid viscera may thus lay the foundation for local hyperæmia, and if the hydropic diathesis exist there will be dropsical accumulation.

Unfortunately the remedies in these cases are not potent, and our indications of treatment are restricted. If there be active dropsy dependent upon too much action of the exhalants, blood-letting, by diminishing the amount of the circulating fluid, may promote absorption, and the fluid may be thus removed. It is in cases of this active character, that such marked benefit results from venesection, followed by other means that diminish the amount of the circulating fluid, such as diuretics, hydragogue cathartics, &c. But in the cases of dropsy that generally occur in eleemosynary institutions, the hydropic tendency is so marked, and the patients of such broken down habits, that venesection cannot often be resorted to, and therefore other agents must be sought for. Generally, diuretics and cathartics are selected. These articles act both as revellents on the intestinal surface, and diminish the amount of the watery portions of the blood, which, as before stated, tends to increase the energy of absorption.

Jalap combined with the bitartrate of potassa; the pulvis jalapæ comp., of the Edinburgh Pharmacopœia is much employed as a cathartic in dropsy. It produces copious watery evacuations, and the bitartrate is possessed at the same time of diuretic properties. Often, however, in consequence of morbid states of the intestinal tube, our remedies cannot be directed to that surface, and we are compelled to seek some other. By common consent, the kidney is chosen, and diuretics are substituted for cathartics. Indeed, they must be regarded as the main agents prescribed in dropsy. But here again a difficulty arises in certain cases as in the present. The kidney also is in a diseased, some think inflammatory, condition, which is probably the cause of the dropsy; and the question arises how far excitants can be safely employed, which act on that viscus?

In such cases, it is probable, that mild renal excitants will not be injurious, and hence it is customary to administer an infusion of juniper berries, or a weak solution of bitartrate of potassa, singly or combined, as a common drink. With more propriety, perhaps, resort is had to small doses of squill and digitalis, which prescription the patient before the



class is now taking. These and similar articles excite the secretion of the kidney, without stimulating the organ too much, and are often of decided benefit. At present, the patient is using the following pill:

R. Pulv. scillæ  
— digital. aa. gr. i.  
Ext. taraxaci, q. s. ut fiat pilula.

One of these to be taken three times a day. The pill has increased the flow of urine and lessened the force of the circulation, but it cannot be expected to effect any change in the organic lesion that causes the effusion; and so long as the cause remains, the effects will continue. The treatment mentioned will be pursued, and its results reported at some future time. No benefit, however, can be expected from any remedy.

As the physiology of the alimentary canal, had engaged the attention of the class during the week in the Jefferson Medical College, the Professor, in pursuance with his plan, as noticed in the previous lecture, presented sundry cases elucidative of its pathology.

The first of these was a person who had been severely affected with

#### MERCURIAL STOMATITIS.

She had suffered under an attack of typhoid pneumonia, which resisted the ordinary modes of treatment; and it was therefore deemed necessary to place her under the revellent influence of mercury, with the view of breaking in upon the morbid chain; notwithstanding every care, however, the mercurial affection had gone too far; but it had apparently produced the most salutary effect on the disease for which it was prescribed. The Professor here took occasion to observe, that in cases of pneumonia, which had assumed the chronic or typhoid character, he had found mercury, carried so far as merely to effect the mouth, very beneficial.

These cases of mercurial stomatitis are mostly self-limited, or incapable of being wholly arrested, although they may be palliated by treatment. The symptoms that characterize it are—peculiar fœtor of the breath, falling away of the gums from the teeth,—the gums being topped by a whitish mucous matter. There may also be an increased flow of saliva, and there is generally more or less constitutional irritation—"mercurial fever." The action of the drug may stop here; but at times, though not so often as formerly, the morbid action proceeds, profuse salivation ensues and instead of simple inflammation, sloughing attacks the soft parts about the mouth, which may result in their destruction, and may even extend so far as to destroy the whole cheek, and even the bones of the face. These ravages produced by the excessive use of mercury were at one time very frequently seen, when it was the practice to continue it until the patient secreted a quantity of saliva measured by the intensity or duration of the disease.

The lecturer stated, that some years since he attended a lady of much respectability, whose mouth was almost closed in consequence of contraction produced by ulcers thus arising, but fortunately, by the aid of an appropriate instrument, she was enabled, by extending the firm tissue of the cicatrices, to separate the jaws to a considerable extent, and was thus relieved from the inconvenience of receiving nourishment only through an aperture between the teeth, as she had been compelled to do for some time.

A case of a more aggravated character, and of much interest, had been recently exhibited to the clinical class by his friend Professor Pancoast.

There is great difference in individuals as to their susceptibility, in regard to the peculiar action of mercury, and the lecturer had noticed in the wards of the hospital, that they appeared to be more readily affected than in private practice.

The patient, under consideration, is now recovering from the stomatitis. She has been purged freely by sulphate of magnesia, and she uses a mouth wash of chlorinated soda. In all cases of this description, disinfecting substances are useful,—not only by correcting the fœtor, but being generally of an excitant or astringent character, they are calculated to induce a new action in the ulcerated surfaces and promote their cicatrization. For this purpose, the various chlorinated preparations, kreasote, &c., are usually resorted to. The lecturer remarked, that he had found the simple sulphate of alumina—not the sulphate of alumina and potassa—to possess disinfecting powers superior to any other article he had employed,—destroying almost immediately the fœtor of the most offensive animal substances. He employs it in the form of solution, and in cases of fœtid ulcers it will no doubt be found exceedingly advantageous, as it combines with the other properties, that of astringency, which renders it peculiarly applicable to many such cases. It had been prescribed in the surgical wards of the hospital and with success as a disinfectant and detergent to foul ulcers. The solution will be directed, if necessary, in the present case, and an opportunity may be afforded to the class to form some idea of its efficacy in congenerous affections. Every form of astringent,—alum, acetate of lead, sulphate of copper, tincture of chloride of iron, and nitrate of silver have been prescribed as topical remedies. But, although they may be of some benefit as palliatives, they will generally disappoint expectation, for the disease, as before stated, often continues, apparently uninfluenced by them.

The next patient presented before the class was affected with

#### PHARYNGITIS

with ulceration and relaxation of the fauces, which from their long resistance to treatment, would appear to be dependent upon some *vici* in the system, in all probability not venereal—but strumous. The parts about the throat, velum palati and uvula are in a lax condition: the uvula especially is very pendulous, and may require excision. On pressing on the larynx, the patient complains of pain, which is probably caused by the same condition of the lining membrane of the larynx; and as there is some cough, an affection of the upper portion of the lung may exist, as is very liable to happen in such cases. This will be examined into before the class meets again—the state of profuse perspiration in which he now is, rendering it unsafe to expose his chest at this time. The treatment under which the throat has improved, and which usually is very efficient has consisted in touching the inflamed and ulcerated parts, with a mop dipped in a solution of nitrate of silver—(*Argent. nitrat. gr. xx. Aq. destil. f. 3j.*) In addition to this, attention has been directed to the constitutional condition; and he has been put upon the free use of the iodide of potassium.

The lecturer now introduced another patient, who presented a very emaciated appearance, the consequence of



## ULCERATION OF THE INTESTINES,

which had continued since the first of September last. According to the patient's own account, the attack began with vomiting, and this was succeeded by numerous alvine evacuations, sometimes amounting to 20 or 24 during the day, and containing blood mixed with slimy matter; he did not however confine himself to bed. At first, there was considerable tenderness over the umbilical region, indicating that the small intestine was probably involved in the disease, but this tenderness has disappeared. There was, also, tenesmus, with pain in the back, and uneasiness after discharges, showing that the rectum was probably implicated. From the continuance and character of the affection, the lecturer had every reason to believe that ulceration was present. Dr. Stokes was the first, he believed, to direct attention to the fact, that in many cases of inveterate dysentery there are ulcerations within the rectum, and that by applying astringents and other agents to them, a cure might be effected. When these ulcers, however, are situate high up in the intestines, no agent can be brought to act directly on the diseased surface, and hence such cases are extremely difficult to treat. It is customary, however, to administer certain of the mineral astringents in small doses, but it can be easily comprehended, that as they must undergo admixture with the aliments, and with the various secretions from the supra-diaphragmatic portion of the digestive canal, and of the stomach and intestines, their active properties must be much diminished if not destroyed, before they reach the seat of the disease: and it is more reasonable to suppose that, in such cases, their action is confined to the revellent and tonic impression which they make on the stomach, and does not consist in any direct impression on the ulcers themselves.

In the present instance, the lecturer, from the functional phenomena, suspected that ulceration existed low down in the intestines, and on making an examination, by means of the speculum, the resident physician, in charge of the wards, perceived several ulcerated spots just within the internal sphincter. The patient has much improved lately under the use of an astringent solution, consisting of four grains of the sulphate of copper to one ounce of water, thrown up in injection: the number of evacuations now being only three during the day, but if this improvement does not continue, the solid nitrate of silver, as recommended by Dr. Stokes, will be applied immediately to the surface of the ulcers. Occasionally much benefit is found to result from counter-irritation over the abdomen, or the revellent effect of mercury, produced by rubbing the mercurial ointment over the abdomen, so as to slightly affect the mouth.

In conclusion, the professor exhibited the results of a case that died from

## DROPSY,

more as a pathological curiosity than to establish any point of diagnosis. In removing the liver of a female, the kidney of one side was brought away, adhering firmly to it, whilst that of the opposite side was so displaced as to be seated transversely, and in contact with the diaphragm, instead of longitudinally, as it naturally is, in the abdomen. These displacements may have been congenital, or they may have been caused by the pressure of the gravid uterus in pregnancy, which forced one kidney upwards in contact with the diaphragm, and the other against the liver, to which it became adherent by inflammation. The cause of the dropsical effusion was not apparent

from the necroscopy: there was, however, a granular appearance of the kidneys and indistinctness in the two portions—the cortical and tubular; but this was very slight, and if any renal disease existed, it was manifestly in its incipency. The liver of this person also served well to exhibit the difference between that viscus in the more healthy and in the diseased state. Although the patient had been very intemperate, that change in the nutrition of the viscus had not been caused, which intemperance in the use of ardent spirits usually produces, and which it had done in a marked manner in the liver of another patient who died of phthisis, and who was very intemperate, which the lecturer then placed alongside the healthy one: the difference between the two was most marked,—the latter being “fatty,” and manifestly “*cirrhotic*.” The other viscera of this patient appeared healthy, with, perhaps, the exception of the spleen, which was very much atrophied. The use of this viscus, in the animal economy is not well understood. It certainly is not of vital importance, as it has, on repeated occasions, been removed without any serious consequences, when it protruded in wounds of that region. In the lower animals, it has often been taken out experimentally. Dupuytren removed it from forty dogs, twenty of which died from peritoneal inflammation, but the remainder seemed to suffer no inconvenience. On the other hand, some of them grew fat. In malarious districts, there not unfrequently exists, what has been termed, in India, “splenic cachexia,” in which the spleen is greatly enlarged, and there is a strong tendency to hemorrhages from various organs, as the stomach, bowels, &c. It is possible, that the spleen may serve, under particular conditions of the system, as a diverticulum for the blood, and this view seems to receive support from the engorgements of the viscus during long continued intermittents, in the cold stage of which the blood leaves the circumference and is collected in the internal organs. As the spleen can be entirely removed without danger, it can be understood, that its atrophy need not produce any serious effect: it is, in fact, occasionally found very much diminished; in one case seen by the lecturer, it was no larger than a nutmeg, and yet the patient did not seem to suffer.

## PROFESSOR PANCOAST'S CLINIC, (SURGICAL.)

(Reported by Edward R. Squibb.)

Saturday, Nov. 16, 1844.

At the commencement of the lecture of to-day the Professor briefly called the attention of the class to the condition of the patients upon whom he had operated at the last meeting, and firstly to the case of the young gentleman who had been so severe a sufferer from the profuse administration of mercury. This patient had (as will be seen by reference to the previous report, in which the history of the case, and a detail of the first operation are noted,) for 13 years been suffering from a false anchylosis of the jaws, on account of which he was not only totally unable to masticate his food, but could only get it into his mouth in pieces the size of a pea, which he was obliged to introduce through the fissures which existed between his irregularly formed molar teeth and the opening which the sloughing had left in the cheek of the right side. The operation then performed was limited to the overcoming of the resistance constituting the anchylosis, and consisted in the removal of the band of cicatrix and the division of the anterior portion of the right masseter muscle,



which was so far successful as to enable us at once to effect an opening of the jaws to nearly the natural extent. By the application from time to time of the jaw dilator of Heister, and the subsequent division of a part of the masseter muscle of the left side, and a separation of the cheek from the gums of that side, which were found preternaturally adherent, the jaws have been separated to the full extent desired, and been kept apart by the interposition of pieces of cork, during the partial cicatrization which has already taken place on the inside of the cheek from which the cicatrix was removed, in so much that the patient, as you see, is now, by the mere exercise of his volition, able to open and shut the mouth. It will yet, however, be requisite to keep up for some time the application of the same measures, in order to overcome the stiffness of the muscles, resulting from so long a period of inaction, as well as to prevent the parts from being tied down anew by the formation of a second cicatrix. The succeeding steps by which the soft parts are to be replaced or restored, must necessarily be postponed for a couple of weeks, although the success of this first step has been quite as full as could have been hoped for under any circumstances.

The lecturer observed that he was desirous of showing the patients upon whom operations have been performed, in order that the gentlemen of the class may not only become familiar with the manner of their performance, and the way in which the first dressings are applied, but also with their success or failure, as well as with the treatment to be instituted under the various occurrences which may arise from unforeseen agencies. He would, therefore, beg the gentlemen to give him their attention whilst engaged in this part of his duty, which although seemingly little attractive, would be found, in a practical point of view, to be of the greatest value.

This patient, from whom, as you will remember we last week removed the great toe, is doing very well, the lips of the wound are united nearly throughout by first intention, and he will no doubt in a short time be quite restored to the use of his foot. During this course I shall probably be able to show you, in some cases of greater consequence, the benefits derivable from the appropriate after treatment of operations, in which I place so high value, that to the great attention which I give in this respect, do I mainly attribute the success which I have met with in operations,—a success as great, I believe, as any reasonable man could expect. I have been in the habit of following all operations of any extent, save where there is a constitutional intolerance of the drug, by the soothing and sustaining effects of doses of opium or some of its preparations, repeated at regular intervals for the first two or three days. The benefit which I have seen result from it, seems to arise from its tendency to suppress the irritation, inflammation, and the evil consequences which follow in their train. The dressings, consisting of the adhesive straps and the greased lint, should not in such cases be disturbed until loosened by the establishment of suppuration. By this mode of proceeding, the parts are kept supported in a state of perfect rest during the period at which adhesion or union by first intention takes place, at the same time that the healthy suppuration and granulation in such parts as do not so unite, is not in its commencement disturbed by meddlesome interference with the dressings. After the suppuration has been fairly established, however, which may be known by the discharge of pus, or by the smell which accompanies it, the first dressing should

be removed—a daily change afterward is not only useful but necessary to the patient's comfort, in order to bring about a speedy termination of the process in healthy cicatrization. Thus we see the surgeon is but the handmaid of nature, and should in such instances be her handmaid alone, for his active interference with these processes always results in their retardation, and the defeat of the object which he has in view. If, however, from some vitiated condition of the economy, or the accidental irritation of the part, so much action should be excited in the stump as to give rise to symptomatic or inflammatory fever, he may be required to interfere, and it is then that his cooling applications to the stump, the internal administration of the grateful neutral mixture, with morphia, tart. of antimony and potassa, low diet, and depletion, may be called for, in order to bring the general functions of the body back again as nearly as possible to the healthy standard.

I next call your attention for a moment to the patient upon whom the operation for excising a carious portion of the os calcis was performed. You will remember that in this case I made a kind of T incision, by which I was enabled to lay bare the bone, and remove the diseased portion with facility. The pieces of charpie or French lint, which were interposed between the lips of the wound, have given free vent to the suppurative discharge which has necessarily followed, with which any remaining diseased fragments of bone may escape, so as to leave the bone in a condition for healthy granulation. This we may expect soon to take place, the flaps will then be brought down with adhesive strips and a roller bandage, and the patient we believe be perfectly cured; having, as he says, suffered little pain from the operation, and being entirely relieved from that gnawing distress of the part which he suffered before.

The next is the patient for whom we opened the tumour in the perineum. This is, in a practical point of view, a very important case,—one to whose diagnosis and treatment you cannot give too much attention; insomuch that you will be likely to encounter many cases of this sort in practice, and if the evil should be suffered to proceed without prompt and active measures for its relief, would inevitably lead to the most disastrous results; namely, extensive and burrowing deep-seated abscess in the perineum, with the distressing and sometimes fatal consequences to which they lead. This patient presented, as was noticed at the time when brought in upon his bed, that worn and broken down appearance, which is almost pathognomonic of these affections of the urinary organs and their appendages. Now, as you see, he walks in with an elastic step, indicating much improvement in his general condition since Saturday last. This of course cannot be fully re-established during the existence of the long standing organic strictures of the urethra, upon which the tumour and abscess depended, and we shall therefore now turn our attention particularly to them. The obstruction which these offer, obliges the patient to discharge his urine almost guttatim, showing to us their extreme narrowness, and the difficulties which we may expect in the introduction of bougies for their dilatation.

I shall now attempt to introduce this elastic bougie more for the purpose of ascertaining the seat and character of the strictures, than with any hope of being able to pass it entirely into the bladder. The instrument, as you see, is of small size, slightly curved and fitted with a stilette. We find the first



one existing about three inches from the orifice, through which the instrument by a little manipulation is made to pass. Proceeding then with the greatest care, we now come upon another and exceedingly firm one, as ascertained by the resistance which it offers to the passage of the instrument. Now we should not go to work and by main strength endeavour to force our way through it, even if we are sure, which we cannot always be, that the point is in the right direction; but on the contrary we are by gentle insinuation alone to try to pass the instrument, asking the patient to bend his body forwards, by which the abdominal muscles and suspensory ligament of the penis are relaxed, straitening the canal at the same time by traction on the penis, (which after a time we may again relax) and by slightly changing the direction of the instrument, so as to allow it to accommodate itself to the canal.

By this course, and by keeping up a slight continued pressure, we find that it has entered the stricture. Now, gentlemen, this is one of the most delicate operations in all surgery, this entering a bougie into a strictured urethra, requiring as much tact and care, as almost any other operation; and very important is it, too, that it should be gently done, for the rough and careless handling of a bougie in endeavouring to effect it, is often, very often followed by rupture of the coats of the urethra, which is made but too readily in the softened and diseased conditions of the lining membrane, at the face of the stricture.

The instrument is now, from the resistance offered to its withdrawal, entered within the stricture, where we shall suffer it to remain for a time, before attempting its farther insertion, in order that by its gradual dilatation of the passage we may be enabled to continue its course into the bladder. I shall, therefore, withdraw the stilette, and place the patient in bed for the present, directing a continuation of the tonic infusion of uva ursi and buchu, with a little bicarbonate of soda, with the object of rendering the urine less acrid and irritating. In the instance of not being able to introduce an ordinary bougie, I had intended to have used one of the small catgut instruments which you see upon the table, which, if once passed into the stricture, would, by its property of absorbing fluid, and becoming enlarged, have dilated the passage so as to admit of a much larger one after its removal. Failing with this, too, we should have tried the wax or plaster bougie of Hunter which is now daily used by Civiale, of Paris, and by many other surgeons both in this country and Europe. It is, as you see, tapering at the point, and is made by rolling waxed cloth between two pieces of marble, until it becomes very firm and hard. It is often very useful from the fact that the point softened by being inserted in warm water, can adapt itself to the narrowness and irregularities of almost any stricture, whilst the body is not so pliable as to prevent the necessary gentle pressure.

I now have two operations to show you, the necessity for which has been occasioned by syphilitic disease. And as there happens to be in the house at this time a pretty full series of the different stages of this affection, I have determined to say something to-day upon the subject, confining myself, however, principally to its first stages, known under the name of chancre and bubo, the progress and treatment of which I will illustrate by cases. The ordinary term syphilis, or lues venerea, is applied to the disease in its second or third stages, or after it has become constitutional; the primary or local affection being designated as chancre. We have thus three stages of

syphilis. First, that characterized by the existence of chancre, independent of any other affection. This is the purely local disease, which unchecked is generally quickly followed by symptoms characterizing the second form of the disease of Ricord, or the implication of the first order of parts of Mr. Hunter, viz. of the skin and mucous membranes, the prior determination to either of which tissues in preference to the other, depending upon constitutional peculiarity. Between these two stages we have commonly the bubo marking the progress of the primary toward the secondary stage; upon this second stage, if it be not checked by treatment, commonly succeeds the tertiary form of Ricord, or that stage which implicates the bones and hard tissues of the body, named the second order of parts by Mr. Hunter. Of the origin and first causes of the specific nature of syphilis nothing is known; some chapters in the old Bible rendering its existence probable at the times there spoken of, it being possibly one of the diseases which so afflicted the Jews in their wanderings in the wilderness. It is not improbable but that it may have given rise to their practice of circumcision, which by inducing greater cleanliness, and by thus uncovering the glans, so as to leave no room for the lodgment of the poison under the prepuce, and hardening its lining membrane by exposure, contributed to diminish considerably the risk of infection, which the class of the uncircumcised, whom they hated so much, might have been the means of spreading. We know that the practice is still enforced as a religious rite, among the Turks and Arabs, as well as the Jews. Its first appearance in Europe, however, was about the time of the discovery of America, and hence it was then called the American disease. About the same time, too, it spread to a great extent in the allied French and Spanish army attacking Naples; and therefore received the names of the French disease, the Spanish disease, the Neapolitan disease. At this period its severity was excessive, and its results most destructive and fatal, in comparison to what we see it at the present day. This melioration of the disease is probably due to the advance of civilization, with its innovations upon manners, customs, dress, diet, &c., and most probably in a great extent also to the adoption of more judicious modes of treatment. That the production or propagation of syphilis is as much the effect of a specific virus as small pox, or hydrophobia, has been fully proved by Hunter and Ricord. The inoculation of the matter from a syphilitic sore being just as certain of reproducing the disease as in either of the cases mentioned; and in the inoculation of the disease by natural or artificial means, a very little matter goes a very great way. The experiments lately made by Ricord go to prove, with great clearness, the certainty and constancy with which it occurs, the history and stages being as fully known as those of the small pox or vaccine pustule. At the end of the second day after the introduction under the cuticle, there becomes apparent to the touch a small pimple, sometimes feeling as though a grain of sand had been inserted beneath the skin,—this soon becomes surrounded by a blush, and develops a transparent vesicle, which from containing thin serum is about the fifth day converted into a true pustule, umbilicated at the top like that of small pox. The rupture of this pustule takes place soon after, converting it into an ulcer with a hard base surrounding it, the bottom of which ulcer instead of presenting healthy granulations, has an irregular sloughing appearance, like the torn edge of a piece of pasteboard which has been soaked in water. This last grey



appearance, with ragged vertical edges, and a hardened base, constitute the characteristics of the true Hunterian chancre, modified somewhat of course by the situation which it occupies, and some other circumstances which may attend it. The matter from one of these pustules is found to be in a good condition for re-inoculation about the end of the fifth day, at which time it is not generally quite fully formed. Thus we know certainly that if such pustule is thoroughly destroyed by cauterization, before the fourth day, that with it is destroyed all possibility of constitutional symptoms, as it is not before this time that the malignant qualities of the virus are established.

We are very well aware that in some instances it does not require for its propagation, that the virus should be introduced beneath the skin, but that the absorption which takes place from the mucous membrane of the glans, prepuce and urethra, are fully competent to its reproduction. It also frequently happens that a sufficient quantity is introduced beneath the scales of the cuticle upon the body of the penis or the scrotum to produce chancre, as must have happened in one of the cases before us, where, as you see, in addition to those upon the glans and prepuce, we have several large chancres upon the body of the organ.

Chancre is seldom met with by us in the vesicular form; first, because patients do not apply sufficiently early; and again, because the common seat of chancre is upon the glans or prepuce, where the cuticle is so thin that it is ruptured before the vesicle is fully formed; therefore, the condition at which we most frequently see them is, as you see in this case, of small flattened ulcers, with hardened base and ragged vertical edges, which constitutes the simple chancre.

At times, under conditions of great susceptibility, we see the whole penis early thrown by a chancre into a state of excessive irritation, giving rise to the variety called phagadenic chancre, which quickly involves a part or even the whole of the organ in ulceration and sloughing. Such conditions generally arise from a scrofulous cachexia, or from a vitiated condition of the nutritive function, often found dependent upon long sea voyages, or where there is great constitutional irritability. The most terrible death which I ever have witnessed was one occasioned in this manner seventeen years ago, when I was a student in this house. A young black man contracted the disease, which soon exhibited itself in this phagadenic form, and in the course of a few days involved in the slough the whole body and crura of the penis up to their attachment to the pubic bones. The anguish which this patient suffered was almost indescribable. Without the power of sleeping, he kept upon the naked floor, seated upon his hams, like an Arab of the Desert, till death put an end to the terrible scene.

We sometimes, on the other hand, have the ulceration of a very superficial character, appearing to be elevated above the surrounding skin, which accordingly has been named *ulcus elevatum*. Ulcers of this character appear to be less malignant, granulations being seen in them.

In the case now before us, the ulceration seems to have been of a sloughing character, from the destruction of parts which it has produced, and has occasioned a kind of phymosis, as you see. This is under treatment by nitrate of silver and the black wash, (consisting of calomel and lime water,) and appears to be doing very well—the granulations presenting a healthy appearance.

Cases of syphilis occasionally show themselves, and I here present you with an instance to prove it, where the disease makes its advent, as it were, by a double step, in which the matter seems to have reached the glands through the absorbents, without having produced any chancre, and bubo is in such instances the first expression of the disease.

Another case is here, in which you see the chancres have invaded the prepuce, producing those sores of a chapped or fissured character which are peculiar to mucous membranes subject to corrugation, as those leading into cavities. We have here, also, from the patient's complaining of soreness there, in all probability some chancres upon the glans, which we are prevented from seeing by the phymosis. Those upon the outer surface of the foreskin, according to the patient's statement, have existed for two months.

Now, what is the proper treatment for these chancres? Why the first thing to be done is to give a healthy basis to the ulcer by means of a caustic. This, although it be not in time to insure the patient against the secondary form, is always proper, inasmuch as it lessens the chances of its occurrence; and then we are to excite the parts to a healthy action by dusting it with calomel, or by the use of some slightly stimulating wash, as the black, (consisting of calomel and lime water,) yellow, (consisting of corrosive sublimate and lime water,) or blue, (consisting in a solution of sulph. of copper,) or in later times, as used by Ricord, the aromatic wine, (which is an infusion of some aromatic herbs in wine.) These, in cases of violent inflammation, would of course be inadmissible, and instead, we must use cooling sedative and emollient poultices; purge with blue mass and rhubarb, or some other form of cathartic, and follow up with simple or opiate diaphoretics and warm bath—keeping the patient rigidly, during the time, confined to his bed. In short, we must always modify our treatment in accordance with the nature of the case. The question may arise as to how often the caustic should be applied to a chancre? And to it I would reply, use it boldly and freely until the specific character of the ulcer disappears, and then lay it aside; for I have often seen its prolonged use produce sloughing, which was as hard to overcome as the original chancre would have been; after this you cover the surface of the sore with some mild stimulant, as the aromatic wine, or comp. tinct. of benzoin, with dry calomel, or the gray oxide which precipitates from the black wash, with any of the before named washes, or with what I prefer and generally use, a mixture of calomel, red precipitate, and impure carbonate of zinc, dusted over the surface. This slightly stimulates, at the same time that it protects the granulations, and places them in the best condition to cicatrize. The blue stone, or sulphate of copper, is sometimes used as a caustic, but it will not do to depend upon in the first instance. In some cases, where there is a deep firm slough, or a hardened elevation, and a very strong caustic is required to reach the base of the disease, the Vienna paste or caustic potash may be used; but the one in general use, and sufficient for ordinary cases, is the common nitrate of silver or lunar caustic. In cases like this one before us, where chancres exist upon the glans, whilst there is present a phymosis, which prevents our getting at them with the solid caustic, we must have recourse to the injection of it in solution, or of some of the various washes before noticed, as it will not do to lay open the foreskin whilst invaded by the disease, unless we wish, by the introduction of the



virus into the wound, to convert the whole of it into one long chancre.

The next case to which I would direct your attention is one of bubo, which has arisen from a chancreous condition of the glans. This, as you are probably aware, is an enlarged condition of the lymphatic glands of the groin with tumefaction of the surrounding cellular structure, and attributable to the absorption of virus from the penis. Now, it is a curious fact that, whilst these glands are thrown into the condition in which you see them here, by the virus, the absorbents themselves remain unaffected; the first appearing to be like the station houses upon our rail roads, where every thing that comes along must be inspected, and nothing contraband be allowed to pass.

These enlargements, even during the existence of chancre, may be one of two kinds; one produced by the virus transmitted, and the other by sympathetic extension of common inflammation up the tract of the absorbents. But inasmuch as it is not often possible to make a distinction, until the bubo suppurates, and we can test the quality of the matter by inoculation, and as the treatment must be the same in the first stages, this division is less important in respect to practice.

The treatment of bubo must of course be modified by the stage or state in which you find it. If you see the tumour early, before it is yet very large or very sensitive, it is always proper to attempt to discuss it, by the application of some slightly stimulating and discutient plaster. That which I prefer, and with which in simple cases I have rarely failed, is made with equal parts of mercurial and litharge plaster, with a drachm or two of camphor to the ounce, spread upon soft leather and applied over the part—the patient to be put, if possible, to bed, and at least kept quiet until the tumour has entirely disappeared. This last is a very important item in the treatment, inasmuch that if I find a patient who will not submit to it, I at once wash my hands of the responsibility in his case; as he will never get well without suppuration, if, by constant motion of his limbs, he keeps up constant irritation in the parts at the bend of the groin. In cases, however, which have gone to the extent which this one has, where we have this blush upon the skin, I would first apply leeches, and then, by lead water and laudanum, or by a mixture of the liq. plumb. subacet. with tr. opii and spirits, and the exhibition of one or two brisk mercurial cathartics, reduce the inflammatory action, which is, as you see, very high. When you get the disease on a backward track, the revellent action of blisters are found often to be useful. Even where some pus has formed below the skin, you may occasionally with blisters stimulate the absorbents to take it away. When they fail in doing this, they often act beneficially in bringing the matter nearer the surface, and lead to an earlier evacuation of the tumour. But where matter forms to much extent, it is always, I believe, the best practice to discharge it at once by a puncture.

In times gone by, mercury was resorted to for the cure of all forms of syphilis, as the one only means by which this end could be attained; and even at the present day it is recommended by some of the highest authorities. The great mass of practitioners with us, however, have discarded its use as a specific, and employ it as they would in any other form of disease, namely, for its alterative and cathartic properties, and not as a specific or antidote to the poison of the disease.

The next case affords you a striking example of

what are called mucous tubercles; an affection which appears to hold a middle place between the malignancy of syphilis and the ordinary benign affections of the skin. They generally appear upon the nates, in the axilla, or in the mouth, as is exhibited in the present case. They cannot be propagated by inoculation, but may be communicated by coition; being for the most part a mild affection, and not very difficult to treat. I have seen much worse cases than this, some in which they stood out around the anus like the comb of a cock, or a cauliflower, and yet they readily yielded to washing with a strong solution of chlor. of sodium, and a dusting of the parts with some slightly stimulant powder—the one which I have used most consisting of two parts of calomel and one of red precipitate.

Here I present you with a case upon which I will now perform the operation of circumcision, removing by this means a crop of recent chancres upon the end of the prepuce, which, as you see, is very long and contracted at its extremity, so as to leave scarcely an outlet for the urine, forming a phymosis, which threatens to give the patient some inconvenience. There being here no disease of the glans, and the chancres being of recent occurrence, we shall run little risk in the operation, which will at some period have to be done, and probably rid the patient of two evils at once, and at all events protect him against the development of chancres on the concealed glans. The operation is a very simple one, consisting in grasping the skin between the handles of a pair of dressing forceps, taking care not to grasp the glans, and then by a single cut remove the part. Inasmuch as the skin is attached to the penis nearer to the end below than above, it is necessary to grasp it obliquely, and also to be careful that no more than a just portion lies outside the forceps; as I have seen the operation performed where half of the skin of the penis was removed by drawing it forwards between the forceps. It is necessary, as a second step, sometimes to trim off the mucous membrane, which is generally left uncovered by the retraction of the skin; and in this case I shall do what I do not often deem necessary, namely, close the two together by interrupted sutures, so as to get, if possible, immediate union, and diminish the risk of having the raw surface affected by the poison. I shall, perhaps, have to show you during the winter an operation for phymosis, which is peculiar to myself, the advantages of which I shall then explain.

The other operation which I have to show you to-day is that of amputation of the penis. This is an operation very seldom resorted to, and then as is almost always the case, for cancerous affections of the organ. This is the patient exhibited to you at our last meeting, who had infiltration of urine into the corpus cavernosum which could be squeezed out through the ulcerated openings on the dorsum as from a sponge, the anterior part of the urethra being totally obliterated. Now the benefit which is to arise from this operation, is principally that of affording a more free passage to the urine at the same time that we remove the constant pressure and tendency to sloughing; allowing the urine to take a more direct course, and make for itself a new passage. As the glans, the sensitive part of the organ is totally destroyed, one most serious objection to the proceeding is removed.

OPERATION.—I place as you see, an assistant behind the patient to make compression at the root of the penis to prevent my taking off too much of the skin, and then by a single oblique cut with a catling downwards, remove the end of the stump. We find



here less bleeding than we expected, that little coming from the dorsal artery of the penis; we find the whole cellular structure of the corpus cavernosum degenerated and blended into a condensed mass, through which as you see, the urine escapes in small streams; one of these several orifices will now probably enlarge and establish a passage for the urine. There appears to be no vessels to be tied at present, but if bleeding should take place, they may be tied by very delicate ligatures. The application of a little lint and a bandage being all the dressing that is necessary, I shall not take up your time with their arrangement, in as much as the period allotted to me here, has now expired.

## BIBLIOGRAPHICAL NOTICES.

### REPORTS OF ENGLISH LUNATIC ASYLUMS.

*Thirty-Third Annual Report of the state of the General Lunatic Asylum, near Nottingham, prepared for the Anniversary meeting, Sept. 1843.*

*The Nineteenth and Twentieth Annual Report of the Visitors of the General Lunatic Asylum for the county and city of Gloucester, 1842 and 1843.*

*Report of the state of the Kent County Lunatic Asylum, from its opening on the 1st of January, 1833, to the 31st of December, 1842.*

*The Twenty-fourth and Twenty-fifth Reports of the Directors of the West Riding of York Pauper Asylum, Wakefield, 1843 and 1844.*

*The Report of the Committee of Visitors of the Lunatic Asylum for the County of Leicester, January, 1843.*

*The Fifteenth Report of the Visiting Justices of the County Lunatic Asylum, at Hanwell. London, 1841.*

*The Sixty-fourth and Sixty-eighth Reports of the Visiting Justices, &c., &c. London, 1842 & 1843.*

*Report of the Lunatic Asylum for the County of Lancaster for 1841, 1842 and 1843.*

*Observations on the necessity of an extended Legislative protection of persons of unsound mind. BY EDWARD D. DE VITRÉ, M. D., Physician to the Lancaster Lunatic Asylum. London, 1843.*

*Announcement of the Association of Medical Officers of Hospitals for the Insane, with Recommendations for filling up the Register of cases agreed to at the Annual Meeting, held at the Asylum, Lancaster. June 2d and June 3d, 1842.*

*Report of the Metropolitan Commissioners in Lunacy to the Lord Chancellor. Presented to both Houses of Parliament by command of Her Majesty, 8vo. p. 291. London, 1844.*

We have been favored with the valuable documents in relation to the Insane, of which the above are the titles, by Professor Dunglison. They were sent to him by a zealous and intelligent young philanthropist of Boston, Mr. Samuel M. Barnard, who, from no other feelings than those of benefiting his fellow man afflicted with the most grievous of all calamities, has established, at much labour and expense, a system of exchanges amongst those who are entrusted with the care of establishments for the insane on both sides of the Atlantic.

These admirable reports show, in bold relief, the decided improvement in the mode of managing those unfortunate subjects for our commiseration; and, with the Reports of our own excellent Institutions of a like nature,

sufficiently exhibit the gratifying fact, that insanity, when taken early, is in the large majority of cases a highly curable disease; but, when improperly or too tardily treated, inflicts perpetual misery on the sufferer, and compels him, for the remainder of his existence, to be deprived of all intercourse with his sane brethren.

As Pennsylvanians, it pains us, when we look at our destitute condition at home, to observe so many excellent Institutions for the insane poor, not only in different states of this Union, but especially in Great Britain. When shall we be able to carry into effect that wise act of the Legislature, which sanctioned the building of such an institution, but nipped it in the very bud by subsequent—we do not say improper or uncalled for—interference? Every year delayed is a sad loss to humanity; renders maladies intractable, which under better circumstances might have been removed without difficulty; and subjects to perpetual confinement those who might have been valued members of society.

It is pleasing to see the spirit of philanthropy breathed through these reports;—the elevation given to man, even insane man, by the judicious moral treatment every where now recommended; the abandonment of almost all forms of coercion, and of every kind of irrational severity, so barbarously put in force until within recent periods. For much of this amelioration, the world is indebted to the amiable and accomplished medical superintendent of the Hanwell Lunatic Asylum,—Dr. Conolly.

Our limits would not permit us, did we desire it, to notice the contents of all the *Brochures* before us; but we shall indulge in a few remarks in regard to one or two of them.

A great difficulty has hitherto existed, in forming any accurate comparison of results, in consequence of a different registration of cases being adopted by recorders. The following classes are recommended by the "Association of Medical Officers of Hospitals for the Insane."

Class 1. Cases of the first attack, of not more than three months' duration.

Class 2. Cases of the first attack, of more than three, but of not more than twelve months' duration.

Class 3. Cases not of the first attack, and of no more than twelve months' duration.

Class 4. Cases whether of the first attack or not, of more than twelve months' duration.

As regards the form of mental disorder, it is recommended, as much as may be, to refer every case to one of the following primary forms. 1. Mania. 2. Melancholia. 3. Manomania. 4. Moral insanity. 5. Dementia, under the two heads of Imbecility and Fatuity. 6. Congenital Idiocy.

*Criminal Lunatics* should be farther distinguished as such. On the whole, perhaps, this is as good a system of registration as can be adopted.

The observations of Dr. Vitré contain much interesting matter. From them we learn, that the parliamentary returns of pauper lunatics for England and Wales, made in the year 1837, show that there were then, in all, 13,667 paupers of unsound minds, chargeable to their respective parishes. Of these, 4,271 were confined in public and private asylums, whilst the remaining 9,396 were under the care and management of the guardians



of the poor, and were maintained as in-door and out-door paupers,"—being about one pauper lunatic to every thousand of the whole population, according to the census of 1831; and we think it highly probable, that the ratio is not much short of this in Pennsylvania.

The "Report of the Metropolitan Commissioners in Lunacy to the Lord Chancellor," is really a most valuable document. It affords a sketch of the different classes of Lunatic Asylums, their construction, condition, management and visitation;—of the County Asylums, partly supported by contributions;—of naval and military hospitals;—of public hospitals supported wholly or in part by voluntary contributions;—of licensed houses;—of abuses and defects;—condition of paupers on admission; forms of disease; medical treatment; diet; classification of lunatics; occupations, amusements, and exercises; restraints; religious services; on the admission and liberation of patients; statistics of insanity; criminal lunatics; suggestions for the amendment of the law, &c., &c.

We extract the general statement of insane persons confined in asylums of England and Wales, Jan. 1, 1844.

				Males.	Females.	Total.
Private patients, - - -				1989	1801	3790
Paupers, - - -				3532	3950	7482
Total, - - -				5521	5751	11272
State as to probability of recovery.	Curable.	Private,	492	553	1045	
		Pauper,	687	787	1474	
		Total,	1179	1340	2519	
	Incurable.	Private,	1497	1248	2745	
		Pauper,	2834	3157	5991	
		Total,	4331	4405	8736	
Epileptics, - - -				575	376	951
Idiots, - - -				347	251	598
Homicidal Patients, - - -				180	98	278
Suicidal Patients, - - -				303	393	696
Civil state.	Married, - -	1501	1664	3165		
		Single, - -	3346	2982	6328	
		Widowed, - -	340	798	1138	
		Not known, -	212	197	409	
Class of life, and pre- vious occu- pation.	Upper & middle classes,	1389	1315	2704		
		Agricultural, -	1183	469	1652	
		Artisan and In-door,	1640	2228	3868	
		Others, - -	1187	1629	2816	
Criminal Lunatics, - - -				202	55	257
Found Lunatic by Inquisition, -				146	87	233

The appendix contains an account of the accommodation, and cost of erection of County Asylums;—the condition of pauper patients on admission into the asylums;—the dietaries of such patients, &c. &c. &c.

*Lecture introductory to the course of Medical Chemistry in the Medical Department of Pennsylvania College, Philadelphia. For the Session 1844-5. BY WASHINGTON L. ATLEE, M. D.*

This is a spirited and well written production, in which the author contends with becoming zeal for the importance of chemistry, in its relations to the sciences and practice of Medicine. He very properly maintains that the instruction given to medical students in this branch, should be such as will qualify them for the discharge of the duties of a physician, rather than that required in the various mechanical arts. He observes—"It is time, I think, that MEDICAL CHEMISTRY should be taught in medical schools, as it is entitled to paramount importance to the medical student." Surely our author does not mean to say that medical chemistry has not been taught by any one heretofore! This sentence, in connexion with the peculiar phraseology of the title of the lecture, seems to imply that opinion—if so, we must frankly say that he is mistaken. It is a great improvement in the organization of Medical Colleges that the chemical chair is now very generally occupied by physicians—gentlemen frequently of great experience as practitioners, and therefore fully acquainted with the wants of the student of medicine—so that Professor Atlee has example as well as countenance for the course he proposes to pursue in teaching his branch.

The views expressed in this lecture generally are such as we can approve. On one point, however, we dissent—viz., "There is a well grounded supposition," the author remarks, "that the injurious effects of malarious districts are dependent upon the presence of this compound gas" (Sulph. Hydrogen.) This suggestion, we are aware, was made a few years ago by a distinguished European, but we had thought it was every where rejected as inconsistent with undoubted facts. If the hypothesis were true, in what a deplorable condition would be the inhabitants of large cities, who are continually breathing an atmosphere highly charged with this offensive gas—and yet such places are the most exempt, cæteris paribus, from malarious diseases.

It is evident from various passages in this address, that Professor Atlee subscribes to the peculiar chemico-physiological doctrines of Liebig, more especially in reference to the source of animal heat. On this point he certainly is on the fashionable side of the question, and probably the true one, although there are some sturdy opponents. We regret that our limits forbid a more extended notice of this very creditable production—in matter and manner, it is in strong contrast with the egotism, spleen, and twattling, that characterize some other addresses of the kind, which, unfortunately for their authors, have recently been published.

*The Physiology of the London Medical Student, and Curiosities of Medical Experience. By "PUSCH." With illustrations by Leech. Philadelphia: Carey & Hart.*

This is a small volume of ninety six pages, written



and illustrated in the true Punch style. It is evidently designed, like the other productions of the same popular school, for general reading, although Medical Students, whose pursuits, pastimes, tricks and irregularities, are the subjects. As might be expected, every thing is exaggerated, coloured, turned, twisted, and made to assume a comical and ridiculous form; nevertheless there are some very good hints,—some useful lessons,—which young men of every class and pursuit might study with advantage.

## THE MEDICAL EXAMINER.

PHILADELPHIA, DEC. 14, 1844.

We have received several Introductory Addresses, and other publications, some of which will be noticed in our next.

What has become of Dr. Copland's Dictionary of Practical Medicine? We noticed the first number on its republication some time ago, (July,) but although it is announced to appear monthly, we have only received "Part I."

### CRUVEILHIER'S ANATOMY.

We learn by the Boston Medical and Surgical Journal of the 27th ultimo, that this work has been republished by the Messrs. Harpers, of New York, edited by Professor Pattison. We have had no opportunity of examining the work, as we believe no copies have been sent to the Medical Journals of Philadelphia, although the penny newspapers seem not to have been forgotten.

Of Cruveilhier's work it is hardly necessary to speak. It has long been before the Profession. With reference to this edition of it, the editor of the Boston Journal makes the following remarks:

"That this is an admirable work, no one acquainted with the author's writings would think of questioning, and we are gratified in having it accessible to anatomists in this country. But we cannot see that enough has been done by Granville Sharp Pattison, M. D., of New York, to warrant his name appearing, with such an array of titles appended, on the title page, as editor. Part of his Preface, too, is objectionable. It is well known that there is much rivalry existing, at present, between the New York and Philadelphia medical authors, as well as between the large publishers of medical works in the two cities. Much severe language has passed between the former, which will account for the strain of that portion of the Preface to which we have alluded. It is strange language, however for the Preface to a reprint of a scientific work. 'It is very possible,' Dr. Pattison says, 'from the course which these gentlemen reviewers (of Philadelphia) have pursued in reference to the publications which have received the imprimatur of the professors of the University of New York, that the system of anatomy of Cruveilhier, may, when reviewed by them, fare no better than other medical works published by Messrs. Harpers, under the sanction of the Medical Department of New York.' 'It is, however, a matter of very little consequence. Good wine requires no bush, and a good book, if furnished at a low price, must and will always command an extensive

sale. New York is the great metropolis of the Union, and must very soon, like London and Paris, however distasteful it may be to those who may have other interests, become the great centre, not only for medical publications, but also of medical education.'

Dr. Pattison says also, in the Preface, 'in re-publishing the work, the editor has so restricted himself in the performance of his task, that he feels it can neither add to nor take from his reputation.' He is right in one conjecture, viz., that it will not add to his reputation.

We will only repeat, what all cultivators of anatomy now know—that Cruveilhier's system is unexceptional, though perhaps far from being superior to all other works on the same subject. It is a good and desirable book, which will be increasingly valued the more devotedly it is studied. The Messrs. Harpers have, as usual, had their part of the undertaking properly executed. Good paper, good type, &c., are desirable points, which are noticeable in this instance. Some of the cuts, however, are rather indistinct, and draw hard upon the imagination. It is a large octavo, of 907 pages."

Unfortunately for "the publications which have received the imprimatur of the Professors of the University of New York," the criticisms of Philadelphia Journalists have been confirmed by those of other cities in the United States, as well as in Europe. What will the editor of Cruveilhier say of the above notice of his performance, by one who is neither a Professor nor a Philadelphian?

## RECORD OF MEDICAL SCIENCE.

### PHILADELPHIA MEDICAL SOCIETY.

This time-honored association for the promotion of medical science has commenced its winter sessions in good earnest. Interesting discussions have occurred, we learn, at every meeting, and on several evenings valuable papers have been read, among which was the Annual Oration, by Dr. Condie, and a paper entitled "*Observations on the Inapplicability of the term Congestion to the Malarial fevers of the South and West*," by Dr. Isaac Parrish.

The Society having resolved to publish Dr. Condie's Oration, we shall defer any observations upon it until we are furnished with a copy.

We subjoin a brief abstract of some of the prominent points discussed in the paper of Dr. Parrish, and of the general conclusions stated.

First. That the disease termed congestive fever, is that form of intermittent and remittent fevers of malarial districts, formerly known under the appellation of malignant; differing only in degree from these fevers, and occurring in all regions where autumnal fevers prevail, being epidemic in the southern and south western sections of the United States, and generally appearing with most intensity along the low grounds skirting the rivers.

Secondly. That the symptoms which characterize this variety of malarial fever, and which have been attributed by some writers to congestion, viz.: the peculiar irregular, sighing respiration, sense of suffocation, præcordial uneasiness, intense thirst, obstinate vomiting, bloody or serous discharges—and where the brain is involved, stupor or delirium, &c. &c., do not necessarily indicate



any peculiar engorgement of the several organs whose functions are disturbed, but that they are more properly attributable to a sudden and alarming diminution of nervous power.

Thirdly. That many of these phenomena supposed to indicate congestion of vital organs, bear a strong analogy to the effects produced by Le Gallois, Dupuytren and others, by the tying of the pneumogastric nerves in animals, and are more rationally explained upon the principle of diminished nervous power. And that, moreover, they occur in other conditions of the system, the reverse of congestion—as from copious uterine hemorrhages, after severe and mortal accidents attended with great loss of blood, in anemia, &c. &c.

Fourthly. That some of the symptoms referred to congestion may depend on the altered condition of the blood itself, in connection with the atony of the tissues, through which it passes.

Fifthly. That admitting the existence of passive congestion of the heart, vena cava, lungs, portal circle, &c., from a want of nervous power in the central organs to propel the blood to the remote vessels, still the term *congestive*, as applied to this disease, is inappropriate—because it designates a result or consequence of a primary cause, without indicating the cause itself—a result not peculiar to the disease in question, as it occurs to a greater or less extent in all cases of sudden nervous shock; and is, in fact, one of the phenomena of the dying state.

Sixthly. The therapeutical effect of remedies furnishes a strong argument in favor of the doctrine of *nervous prostration*, and not of *congestion*. General bleeding, which it was contended would be the great reliance of the physician in a disease of active congestion of vital organs, is admitted by the most experienced practitioners in this disease to have been prejudicial, while the use of powerful revulsives, stimuli, and particularly of quinia, (one of the most concentrated and active of the nervous stimulants,) are generally acknowledged to be the main remedies in controlling the violence of the symptoms, and in rescuing the patients.

Seventhly. That the use of names or terms have a powerful influence in forming the opinions, and regulating the practice of medical men—and hence that medical nomenclature should be based, as far as possible, on pathological principles—and should be descriptive of the true condition of the organ or organs peculiarly affected in a particular complaint. The importance of this consideration was particularly urged, where the adoption of the depletory or stimulant practice may depend upon it.

Eighthly. Applying the above principles to the disease in question, it was contended that, considering depression of the nervous power as the first link in the chain of morbid associations, in this, as in all other varieties of fever, a term should be used as a prefix to the words intermittent or remittent fever, which should represent the extraordinary degree of prostration peculiar to this form of fever—a term applicable to the nervous system, and not to the circulating system. Dr. Parrish suggested the word *adynamic*, as more expressive of the true pathology of this disease, than any other which had occurred to him.

The paper will probably appear in full at some future period. The above is a mere abstract.

#### PREPARATION OF BROMIDE OF IRON.

Iron filings, thirty grammes. This substance is introduced into a glass flask, which can be hermetically sealed; then there is added ninety to 100 grammes of distilled water; then there is ten grammes of bromine gradually poured on the whole. The flask is carefully corked, and agitated, from time to time, until the liquor takes a greenish tint; after which the product is filtered, and promptly evaporated until dry. The bromide of iron has a brick-red colour; it is deliquescent, readily dissolves in water, and has a very styptic taste.—*Pharmacopœia Universalis of Geiger and Mohr, and Chemist.*

#### SPONTANEOUS CURE OF CATARACT.

A stone-breaker had suffered from cataract from his youth. Whilst pursuing his occupation, he was struck by a splinter in the affected eye, and this gave rise to severe inflammation. He consulted a medical man, who, with a view of examining the eye, dropped into it a solution of belladonna. The pupil became largely dilated, and at the same time the opaque lens fell into the anterior chamber, vision being immediately restored.—*Edinburgh Monthly Journal.*

#### THE ARTESIAN WELL AT NAPLES.

The boring has arrived at the depth of 108 yards. It has traversed sixty yards of yellow tufa; next it has pierced a gray tufa of much older date, and the marine formations and sands intermixed with thin layers of pumice, are beginning to appear. The temperature augments very slowly.—*Med. Times.*

#### MODIFICATION OF THE DAGEURRETYPE PROCESS.

M. Fritzsche exhibited to the Academy silver cards, intended to replace the metallic plates at present in use, along with a view procured on one of these cards. M. Lvitsky prepared these cards with Bristol board, which he covers with silver leaf, by means of white of egg and red chalk. They are polished with rouge and cotton. The card is employed in the same way as the metallic plates. Its edges are slightly waxed. The images may be fixed by a concentrated solution of hyposulphate of soda, and the card washed, without injury.—*Polytechnic Review.*

#### ON THE BLEACHING OF YELLOW BEES-WAX.

BY M. INGENOHL.

A very expeditious method of bleaching wax is by the application of nitric acid in the following manner: A pound of yellow bees-wax is melted, and freed by straining from impurities; 2 oz. of nitrate of soda are then added to it, and subsequently by degrees 1 oz. of sulphuric acid, which has been previously diluted with at least nine parts of distilled water; the whole mass is kept warm, and constantly stirred with a glass rod. The vessel must be spacious, especially very high, as the mass rises considerably. When the whole of the dilute sulphuric acid has been added, it is allowed to cool somewhat, the vessel filled with boiling water, well agitated and set aside. The wax-cake is removed, and conveyed into boiling water until this no longer removes any sulphate of soda from it, and consequently does not produce any turbidness in a solution of chloride of barium; the wax is then perfectly white. By the melting in water, every trace of nitric acid is removed, which, were it present, would be decomposed on exposure to light into oxygen and nitrous acid, and would thus impart a reddish colour to the wax.—*Chemical Gazette.*